



## Community Safety and Well-being Public Consultation Survey

The Townships of Brudenell, Lyndoch and Raglan; Killaloe, Hagarty and Richards; Madawaska Valley; and South Algonquin are working together to create a regional community safety and well-being plan.

The goal of planning is to encourage the growth of communities where people feel safe, have a sense of belonging, opportunities to participate, and their needs can be met. Resident input is necessary to ensure that the plan reflects the lived experiences and desires of community members. Completed surveys should be returned to a participating municipal office by November 30, 2020.

**We want to hear from you!** Please share your thoughts on living in the local area, and help shape the plan. This survey is for adults aged 16 and older, it is voluntary, anonymous, and will take approximately 15 minutes to complete. If you have any questions, please contact the CSWB Coordinator Dr Meara Sullivan at mearasullivan@hotmail.com or your local municipality.

### DEMOGRAPHIC INFORMATION

#### 1. How do you identify?

- Female     Male     I identify as: \_\_\_\_\_

#### 2. How old are you?

- 16-24     25-34     35-44     45-54     55-64     65-74     75 +

#### 3. Where do you live?

- Brudenell, Lyndoch and Raglan     Killaloe, Hagarty and Richards     Madawaska Valley     South Algonquin

#### 4. How often do you reside in the area?

- Permanent     Seasonal     Occasional

#### 5. What type of housing do you live in?

- Owned home     Rent     Other \_\_\_\_\_

#### 6. What is your highest level of education?

- Less than high school     High school or equivalent     Post-secondary

#### 7. How do you identify your racial or ethnic background?

- Black (African/Caribbean)     East Asian (Chinese, Japanese)     First Nations/Métis  
 Hispanic/Latino     Middle Eastern     Mixed Heritage  
 South Asian (Indian, Pakistani)     South East Asian (Thai, Filipino)     White/Caucasian  
 Prefer not to answer     Please specify \_\_\_\_\_

#### 8. What is your total household income?

- Under \$40,000     \$40,000-\$99,999     Over \$100,000

#### 9. How long have you resided in your community?

- Less than 1 year     2-5 years     6-10 years     Over 10 years

### COMMUNITY SAFETY AND WELL-BEING

#### 10. How would you describe your sense of community belonging?

- Very strong     Strong     Neutral     Weak     Very weak

#### 11. What are the top THREE greatest strengths of your community? (Check 3 ONLY)

- Affordability     Community collaboration     Diversity     Friendly  
 History/heritage     Minimal pollution     Nature     Peace/quiet  
 Programs/services     Retail     Safety     Small town/rural life  
 Sports/outdoor pursuits     Theatre/arts     Other \_\_\_\_\_

**12. What local services did you access in the past twelve months? (Check ALL that apply)**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Childcare            | <input type="checkbox"/> Community transit            | <input type="checkbox"/> Employment support     | <input type="checkbox"/> Family services                          |
| <input type="checkbox"/> Food bank            | <input type="checkbox"/> Local retail                 | <input type="checkbox"/> Mental health          | <input type="checkbox"/> Municipal (library, community center)    |
| <input type="checkbox"/> Physical health      | <input type="checkbox"/> Police service               | <input type="checkbox"/> Religious organization | <input type="checkbox"/> Substance Misuse (drugs/alcohol) support |
| <input type="checkbox"/> Seniors programs     | <input type="checkbox"/> Training/education           | <input type="checkbox"/> Youth programs         | <input type="checkbox"/> None                                     |
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Other (please specify) _____ |   |   |

**13. What, if any barriers exist that can prevent you from accessing local services?**

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**14. What are the top THREE problems or concerns impacting your community? (Check 3 ONLY)**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Affordable housing        | <input type="checkbox"/> Childcare                        | <input type="checkbox"/> COVID-19                     | <input type="checkbox"/> Crime             |
| <input type="checkbox"/> Discrimination            | <input type="checkbox"/> Employment opportunities         | <input type="checkbox"/> Food insecurity              | <input type="checkbox"/> Healthcare access |
| <input type="checkbox"/> Pollution                 | <input type="checkbox"/> Poverty                          | <input type="checkbox"/> Public transportation        | <input type="checkbox"/> Seniors programs  |
| <input type="checkbox"/> Social isolation          | <input type="checkbox"/> Substance misuse (alcohol/drugs) | <input type="checkbox"/> Traffic/roads                |  |
| <input type="checkbox"/> Youth activities/programs | <input type="checkbox"/> No concerns                      | <input type="checkbox"/> Other (please specify) _____ |  |

**15. In the past twelve months, how often did you feel safe in your community?**

- Always     Often     Sometimes     Rarely     Never

**16. In the past twelve months, how often did you experience homelessness, or housing insecurity?**

- Always     Often     Sometimes     Rarely     Never

**17. What level of impact has COVID-19 had upon your everyday work and family life?**

- A great deal     A lot     A moderate amount     A little     None

**18. How has the COVID-19 impacted your stress levels?**

- Much higher stress     Higher stress     No change     Reduced stress     Much reduced stress

**19. What are the top THREE (3) services needed in your community? (Check 3 ONLY)**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Anti-discrimination     | <input type="checkbox"/> Childcare                                | <input type="checkbox"/> Employment    | <input type="checkbox"/> Family programs  |
| <input type="checkbox"/> Food security           | <input type="checkbox"/> Housing                                  | <input type="checkbox"/> Mental health | <input type="checkbox"/> Physical health  |
| <input type="checkbox"/> Police service          | <input type="checkbox"/> Public transport                         | <input type="checkbox"/> Religious     | <input type="checkbox"/> Seniors programs |
| <input type="checkbox"/> Sports/outdoor pursuits | <input type="checkbox"/> Substance misuse (drugs/alcohol) support | <input type="checkbox"/> Theatre/arts  |   |
| <input type="checkbox"/> Youth program           | <input type="checkbox"/> None                                     | <input type="checkbox"/> Other _____   |   |

**If you have any other comments about safety and well-being in your community please let us know.**

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**Thank you for taking the time to complete this survey. Your contribution is important and will help shape our community safety and well-being plan.**